wisconsin Medicaid update
and BadgerCare
January 2007 ● No. 2007-06
Wisconsin Medicaid and BadgerCare Information for Providers

To:
Federally Qualified Health Centers
Home Health Agencies
Individual Medical Supply Providers
Medical Equipment Vendors
Occupational Therapists
Outpatient Hospital Providers
Pharmacies
Physical Therapists
Rehabilitation Agencies
Therapy Groups
HMOs and Other Managed Care Programs

Medical Necessity and Claims Submission Requirements for Compression Garments

This *Wisconsin Medicaid and BadgerCare Update* informs providers of the following:

- Medical necessity for compression garments.
- Prior authorization for compression garments.
- Procedures for claims submission.

Types of Compression Garments

This *Wisconsin Medicaid and BadgerCare Update* refers to the following types of compression garments: ready-to-wear, custom-made, non-elastic binders, and over-the-counter.

Ready-to-Wear Gradient Compression Garments

Wisconsin Medicaid defines ready-to-wear gradient compression garments (e.g., Jobst, SigVarus, Venes) as pre-made and having a gradient pressure of 18 mmHg or more. A signed and dated physician's prescription is required to identify both the recipient's diagnosis and the specific garment needed, as well as to prescribe the amount of compression required. Circumferential and length measurements are required for fitting. Ready-to-wear garments may be equipped with zippers and/or reinforced areas, such as heels. Refer to Attachment 1 of this *Update* for a list of allowable Wisconsin Medicaid ready-to-wear gradient compression garment Healthcare Common Procedure Coding System (HCPCS) procedure codes.

Custom-Made Gradient Compression Garments

Wisconsin Medicaid defines custom-made gradient compression garments as garments that are uniquely sized and/or shaped and custom made to fit the exact dimensions of the affected extremity (circumferential measurements every 1.5 to two inches) and provide accurate and consistent gradient compression to manage the recipient's symptoms. A signed and dated physician's prescription is required to identify both the recipient's diagnosis and the specific garment needed, as well as to prescribe the amount of compression required. Circumferential and length measurements are required for fitting. Wisconsin Medicaid does not consider garments with zippers and/or reinforced areas alone as meeting the definition of a custom-made garment.

The following are examples of custom-made gradient compression garments:

- A garment requiring a unique fit due to the size and/or shape of the recipient's limb (circumferential measurements every 1.5 to two inches).
- A garment requiring the application of unique materials (e.g., Elvarex). Wisconsin

Medicaid does not consider zippers or reinforced areas, such as heels, to be unique materials.

Refer to Attachment 2 for a list of allowable Wisconsin Medicaid custom-made gradient compression garment HCPCS procedure codes.

Non-Elastic Binders

Wisconsin Medicaid defines non-elastic binders (e.g., CircAid, LegAssist, Reid Sleeve) as garments that provide continuous compression using adjustable hook and loop or buckle straps. A signed and dated physician's prescription is required to identify both the recipient's diagnosis and the specific garment needed, as well as to prescribe the amount of compression required. Circumferential and length measurements are required for fitting. Refer to Attachment 3 for the allowable Wisconsin Medicaid non-elastic binder HCPCS procedure code.

Over-the-Counter Garments

Wisconsin Medicaid does not reimburse providers for compression garments purchased over-the-counter with or without a prescription and having a pressure of less than 18 mmHg (e.g., elastic stockings, surgical leggings, anti-embolism stockings thromboembolic disease [T.E.D] hose, or pressure leotards).

Medical Necessity for Compression Garments

Wisconsin Medicaid defines medical necessity in HFS 101.03(96m), Wis. Admin. Code. Individually fitted prescription gradient compression garments (stockings, sleeves, gauntlets, gloves) and non-elastic binders are generally considered medically necessary by Wisconsin Medicaid and do not require prior authorization (PA) for recipients who have any of the following medical conditions:

- Treatment of *any* of the following documented complications of chronic venous insufficiency:
  - ✓ Varicose veins (except spider veins).
  - ✓ Stasis dermatitis (venous eczema).
  - ✓ Venous ulcers (stasis ulcers).
  - ✓ Venous edema.
  - ✓ Lipodermatosclerosis.
- Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, debilitation).
- Post thrombotic syndrome (post phlebitic syndrome).
- Chronic lymphedema.
- Edema following surgery, fracture, burns, or other trauma.
- Post sclerotherapy.
- Clinically significant postural hypotension with documented changes in systolic/diastolic pressures.
- Severe edema in pregnancy.
- Edema secondary to paraplegia, quadriplegia, etc.

See the PA section of this *Update* for medical conditions not included in the above list.

Wisconsin Medicaid defines non-elastic binders (e.g., CircAid, LegAssist, Reid Sleeve) as garments that provide continuous compression using adjustable hook and loop or buckle straps.

Additional Medical Necessity Requirements for Non-Elastic Binders

In addition to the medical necessity requirements for compression garments, Wisconsin Medicaid considers that non-elastic binders (e.g., LegAssist, CircAid) may be additionally medically necessary for recipients who meet the following criteria:

- The recipient's continuing requirement for bandaging 23 hours per day after completion of intensive lymphedema treatment, *or*
- The recipient's requirement for nighttime compression,

  and

- The documented inability of the recipient or an available caregiver to perform bandaging independently.

Diagnosis Codes

Gradient compression garments should be used with caution in the case of decreased or absent sensation in the extremity, allergy to the compression material, moderate peripheral arterial disease, or infection in the extremity.

When submitting claims for any of the compression garments listed in this *Update*, providers are required to include on the claim the recipient's diagnosis, which must be one of the allowable *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis codes listed in the table below. Providers are responsible for keeping current with diagnosis code changes. Providers are reminded to use the complete allowable diagnosis code.

Allowable Diagnosis Codes	Diagnosis Code Definition
342.00 to 342.92	Hemiplegia and hemiparesis
344.0 to 344.9	Other paralytic syndromes
451.0 to 451.9	Phlebitis and thrombophlebitis
454.0 to 454.9	Varicose veins of lower extremities
457.0	Postmastectomy lymphedema syndrome
457.1	Other lymphedema
458.0	Orthostatic hypotension
459.1 to 459.19	Postphlebitic syndrome
459.2	Compression of vein
459.81	Venous (peripheral) insufficiency, unspecified
646.1	Gestational edema
707.1 to 707.15 and 707.19	Ulcer of lower limbs, except decubitus
757.0	Hereditary edema of legs
782.3	Edema

Contraindications

The use of compression garments for recipients with severe peripheral arterial disease or septic phlebitis is generally contraindicated. Gradient compression garments should be used with caution in the case of decreased or absent sensation in the extremity, allergy to the compression material, moderate peripheral arterial disease, or infection in the extremity. Reimbursement for compression garments for any of these medical conditions requires submission of a PA request if one of these contraindications is present.

Documentation Requirements

Providers are required to maintain the following supporting documentation in their records:

- Signed and dated physician prescription that includes the following:
  - ✓ Diagnosis.
  - ✓ Amount of compression ordered.
  - ✓ Prescribed garment.
  - ✓ Body part for which the garment was prescribed.
- Manufacturer's invoice for the compression garment that was provided.
- Date of delivery of the compression garment, signature of the person receiving the delivery, and instructions given for use and care.
- Clinical information, including the following:
  - ✓ Specific documented measurements required for the garment ordered (this information may be found on the manufacturer's order form).
  - ✓ Date(s) on which measurements were taken.
  - ✓ Appropriate periodic circumferential measurements, using consistent units of measurement (e.g., centimeters used at every measurement).
- Documentation submitted with a PA request.

- Documentation submitted with a claim.

Refer to Attachment 4 of this *Update* for a guide to claims submission requirements.

Life Expectancy

For all covered compression garments included in this *Update*, life expectancy is established at three garments per twelve months. Providers may issue new garments only when a new garment is medically necessary. Wisconsin Medicaid considers it medically necessary to replace a garment when the garment's integrity cannot be restored or repaired. Prior authorization is not required until greater than three garments per procedure code per twelve months is medically necessary.

New Requirement to Use Modifiers "RT" and "LT" on Claims

Effective for dates of service (DOS) on and after February 1, 2007, providers are required to include modifier "RT" and/or "LT" on claims submitted for procedure codes A6530 to A6538, A6542, and S8420 to S8429. Modifier "RT" is used to reference a garment applied to a right extremity. Modifier "LT" is used to reference a garment applied to a left extremity. Procedure codes A6530 to A6538, A6542, and S8420 to S8429 are incomplete without modifier "RT" or "LT."

If there is a bilateral need, providers are required to submit two separate details on claims, with modifier "RT" on one detail and modifier "LT" on a second detail. Wisconsin Medicaid will no longer accept modifier "50" (Bilateral) for processing claims for the services included in this *Update*.

Prior Authorization

Wisconsin Medicaid requires PA for compression garments in the following situations:

- When life expectancy has been exceeded (i.e., when greater than three garments per procedure code per twelve months are medically necessary).
- When the recipient's diagnosis is other than what is listed in this *Update*.

For all covered compression garments included in this *Update*, life expectancy is established at three garments per twelve months.

When submitting a PA request for compression garments, providers are required to include the following:

- Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03).
- Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), HCF 11030 (Rev. 06/03).
- Recipient's diagnosis or medical condition.
- Copy of the signed and dated physician's prescription.
- Description of the service to be provided (e.g., the garment will be custom-made).
- Type of compression garment as defined in the Types of Compression Garments section of this *Update*.
- Modifier "RT" and/or "LT," when applicable.
- Clinical information, including the following:
  - ✓ Specific documented measurements required for the garment ordered (this information may be found on the manufacturer's order form).
  - ✓ Date(s) on which measurements were taken.
  - ✓ Appropriate periodic circumferential measurements, using consistent units of measurement (e.g., centimeters used at every measurement).

Effective for DOS on and after February 1, 2007, providers are required to include modifier

"RT" and/or "LT" on PA requests submitted for procedure codes A6530 to A6538, A6542, and S8420 to S8429. These procedure codes are incomplete without modifier "RT" or "LT" for these procedure codes.

Providers are reminded that if the above PA request submission requirements are not followed, the request will be returned for the missing or appropriate information.

Discontinued Procedure Code

Effective for DOS on and after February 1, 2007, Wisconsin Medicaid will no longer reimburse providers for procedure code A6543 (Gradient compression stocking, lymphedema). Instead, providers should choose a procedure code from A6530 to A6542 or from S8420 to S8429. Based on the amount of compression required, complexity of fit, and materials used, providers are required to use the appropriate procedure code to indicate the garment prescribed at the time of diagnosis.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *dhfs.wisconsin.gov/medicaid/*.

PHC 1250

ATTACHMENT 1
Ready-To-Wear Gradient Compression Garments

The following table provides policy information for Healthcare Common Procedure Coding System (HCPCS) procedure codes* A6530 to A6541 and S8421, S8424, S8427, and S8428.

Procedure Code	Description	Place of Service	Maximum Allowable Fee[1]	Copay-ment	NH[2]	Bilat-eral	Required Modifier	Life Expectancy
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	11, 12, 31, 32, 99	$8.55	$.50	Y	N	RT LT	3 per 12 mos
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	11, 12, 31, 32, 99	$23.85	$1.00	Y	N	RT LT	3 per 12 mos
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	11, 12, 31, 32, 99	$41.76	$2.00	Y	N	RT LT	3 per 12 mos
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	11, 12, 31, 32, 99	$45.94	$2.00	Y	N	RT LT	3 per 12 mos
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	11, 12, 31, 32, 99	$46.99	$2.00	Y	N	RT LT	3 per 12 mos
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	11, 12, 31, 32, 99	$64.73	$3.00	Y	N	RT LT	3 per 12 mos
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	11, 12, 31, 32, 99	$52.21	$3.00	Y	N	RT LT	3 per 12 mos
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	11, 12, 31, 32, 99	$73.08	$3.00	Y	N	RT LT	3 per 12 mos
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	11, 12, 31, 32, 99	$73.08	$3.00	Y	N	RT LT	3 per 12 mos

Procedure Code	Description	Place of Service	Maximum Allowable Fee	Copay-ment	NH	Bilat-eral	Required Modifier	Life Expectancy
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	11, 12, 31, 32, 99	$85.61	$3.00	Y	N		3 per 12 mos
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	11, 12, 31, 32, 99	$83.92	$3.00	Y	N		3 per 12 mos
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each	11, 12, 31, 32, 99	$85.61	$3.00	Y	N		3 per 12 mos
S8421	Gradient pressure aid (sleeve and glove combination), ready made	11, 12, 31, 32, 99	$72.95	$3.00	Y	N	RT LT	3 per 12 mos
S8424	Gradient pressure aid (sleeve), ready made	11, 12, 31, 32, 99	$58.37	$3.00	Y	N	RT LT	3 per 12 mos
S8427	Gradient pressure aid (glove), ready made	11, 12, 31, 32, 99	$179.95	$3.00	Y	N	RT LT	3 per 12 mos
S8428	Gradient pressure aid (gauntlet), ready made	11, 12, 31, 32, 99	$36.93	$2.00	Y	N	RT LT	3 per 12 mos

[1]The maximum allowable fee includes consideration for small to extra-large and short to tall ready-to-wear sizes. The above noted maximum allowable fees also include reimbursement for the addition of liners and zippers in ready-to-wear sizes when liners and/or zippers are medically necessary.

[2]Separately reimbursable in a nursing home.

[*]Providers are not allowed to use "not otherwise classified" codes for items in addition to or as an exception to the base code that meets the above descriptions of services.

Wisconsin Medicaid does not require outpatient hospital therapists to submit claims for gradient compression garments using HCPCS codes unless the outpatient hospital therapist has additional separate certification as a durable medical equipment provider.

ATTACHMENT 2
Custom-Made Gradient Compression Garments

The following table provides policy information for Healthcare Common Procedure Coding System (HCPCS) procedure codes* A6542, S8420, S8422, S8423, S8425, and S8426.

Procedure Code	Description	Place of Service	Maximum Allowable Fee[1]	Copay-ment	NH[2]	Bilat-eral	Required Modifier	Life Expectancy
A6542	Gradient compression stocking, custom made	11, 12, 31, 32, 99	Manually Priced[3]	$3.00	Y	N	RT LT	3 per 12 mos
S8420	Gradient pressure aid (sleeve and glove combination), custom made	11, 12, 31, 32, 99	Manually Priced	$3.00	Y	N	RT LT	3 per 12 mos
S8422	Gradient pressure aid (sleeve), custom made, medium weight	11, 12, 31, 32, 99	Manually Priced	$3.00	Y	N	RT LT	3 per 12 mos
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	11, 12, 31, 32, 99	Manually Priced	$3.00	Y	N	RT LT	3 per 12 mos
S8425	Gradient pressure aid (glove), custom made, medium weight	11, 12, 31, 32, 99	Manually Priced	$3.00	Y	N	RT LT	3 per 12 mos
S8426	Gradient pressure aid (glove), custom made, heavy weight	11, 12, 31, 32, 99	Manually Priced	$3.00	Y	N	RT LT	3 per 12 mos

[1]The maximum allowable fee includes consideration for small to extra-large and short to tall ready-to-wear sizes. The above noted maximum allowable fees also include reimbursement for the addition of liners and zippers in ready-to-wear sizes when liners and/or zippers are medically necessary.

[2]Separately reimbursable in a nursing home.

[3]Refer to Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update* for claims submission information for manually priced procedure codes.

*Wisconsin Medicaid does not require outpatient hospital therapists to submit claims for gradient compression garments using HCPCS codes unless the outpatient hospital therapist has additional separate certification as a durable medical equipment provider.

ATTACHMENT 3
Non-Elastic Binder Compression Garments

The following table provides policy information for Healthcare Common Procedure Coding System (HCPCS) procedure code* S8429.

Procedure Code	Description	Place of Service	Maximum Allowable Fee[1]	Copay-ment	NH[2]	Bilat-eral	Required Modifier	Life Expectancy
S8429	Gradient pressure exterior wrap	11, 12, 31, 32, 99	Manually Priced[3]	$3.00	Y	N	RT LT	3 per 12 mos

[1]The maximum allowable fee includes consideration for small to extra-large and short to tall ready-to-wear sizes. The above noted maximum allowable fees also include reimbursement for the addition of liners and zippers in ready-to-wear sizes when liners and/or zippers are medically necessary.

[2]Separately reimbursable in a nursing home.

[3]Refer to Attachment 4 of this *Wisconsin Medicaid and BadgerCare Update* for claims submission information for manually priced procedure codes.

*Wisconsin Medicaid does not require outpatient hospital therapists to submit claims for gradient compression garments using HCPCS codes unless the outpatient hospital therapist has additional separate certification as a durable medical equipment provider.

ATTACHMENT 4
Claims Submission Requirements for Compression Garments

The following table indicates Wisconsin Medicaid's claims submission requirements for compression garments. When submitting claims for Healthcare Common Procedure Coding System procedure codes A6530 to A6542 and S8420 to S8429, providers are required to include on or with the claim all of the checked information in the table that corresponds to the procedure code on the claim. A blank cell indicates that the requirement does not apply to the corresponding procedure code.

Procedure Code	ICD-9-CM* Diagnosis Code	RT and/or LT Modifier Required?	Include Copy of Order Form That Includes Measurements Taken	Include Copy of Manufacturer's Invoice	Include Copy of Physician's Prescription
A6530	✓	Yes			
A6531	✓	Yes			
A6532	✓	Yes			
A6533	✓	Yes			
A6534	✓	Yes			
A6535	✓	Yes			
A6536	✓	Yes			
A6537	✓	Yes			
A6538	✓	Yes			
A6539	✓				
A6540	✓				
A6541	✓				
A6542	✓	Yes	✓	✓	✓
S8420	✓	Yes	✓	✓	✓
S8421	✓	Yes			
S8422	✓	Yes	✓	✓	✓
S8423	✓	Yes	✓	✓	✓
S8424	✓	Yes			
S8425	✓	Yes	✓	✓	✓
S8426	✓	Yes	✓	✓	✓
S8427	✓	Yes			
S8428	✓	Yes			
S8429	✓	Yes	✓	✓	✓

**International Classification of Diseases, Ninth Revision, Clinical Modification*